

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE	
						APPLICANT(S)	09/830227	
A CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1		1		1		51		
2		1		1		52		
3		1		1		53		
4		1		1		54		
5		1		1		55		
6		1		1		56		
7	1			1		57		
8						58		
9						59		
10				1		60		
11						61		
12						62		
13						63		
14						64		
15						65		
16						66		
17						67		
18						68		
19						69		
20						70		
21						71		
22						72		
23						73		
24						74		
25						75		
26						76		
27						77		
28						78		
29						79		
30						80		
31						81		
32						82		
33						83		
34						84		
35						85		
36						86		
37						87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.		1	2	1		TOTAL IND.		
TOTAL DEP.	2		6		6	TOTAL DEP.		
TOTAL CLAIMS	6	8	7	7		TOTAL CLAIMS		